

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
91855436
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	1						TOTAL DEP.						
TOTAL CLAIMS	2						TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO
50865436
 FILING DATE
 APPLICANT'S:

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	2	3
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
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TOTAL IND	5	2	1
TOTAL DEP	11	15	3
TOTAL CLAIMS	16	17	4

TOTAL IND	1	1	1
TOTAL DEP	1	1	1
TOTAL CLAIMS	1	1	1